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Atty. Dkt. No. 093397-0401

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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MAR 31 2009

OFFICE OF PETITIONS

Applicant: Geoffrey W. Krissansen

Title: CANCER THERAPY

Appl. No.: 10/014,887

International Filing Date: 6/14/2000

371(c) Date: 12/11/01

Examiner: Lei Yao

Art Unit: 1642

Confirmation Number: 2382

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EM 200054070 US	3/23/2009
(Express Mail Label Number)	(Date of Deposit)
Oscar Valdivia	
(Printed Name)	
(Signature)	

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following:

- [X] Amendment and Reply Under 37 CFR § 1.111 (11 pages) in the above-identified application;
- [X] Change In Status To Large Entity and Submission of Fee Deficiency (4 pages);
- [X] PTO-2038 Credit Card Form in the amount of \$960.

The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	27	-	88	=	0	x	\$52.00	=	\$0.00
Independent Claims:	3	-	5	=	0	x	\$220.00	=	\$0.00
First presentation of any Multiple Dependent Claims: +									\$390.00 = \$0.00
CLAIMS FEE TOTAL =									\$0.00

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date March 23, 2009

By Antoinette F. Konski

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